

CLAIMS ONLY								Application Number		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

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Applicant(s)

* May be used for additional claims or amendments

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